

paralytic in the lower limbs. The symptoms of paralysis had exhibited themselves eight years before, and at the same time there was pain referred to the epigastrium. The disease had now extended upwards, the arms were beginning to be affected, and there was also dilatation of the pupil of one eye; but at the commencement it was a case of regular paraplegia. Neither my advice nor that of any one else did any good, and the disease was left alone. Ten years afterwards his wife was very ill, and he was brought with her to London. She came for medical advice; but his case being considered hopeless he did not consult any one. He was now completely paralytic in his limbs and arms, he could scarcely speak, and he could only just swallow. He lay as though the head were alive and nothing else. His wife died, and he soon followed. I obtained leave to examine the body. Mr. Tatum and another friend accompanied me. We all three made a very careful examination. What we might have found if the spinal cord and brain had been macerated in alcohol, and if we had traced the fibres and examined them with a microscope, I cannot pretend to say; but, with such an examination as we could make in a private house in the course of a couple of hours devoted to it, we could not detect any morbid appearances at all. The spinal cord seemed rather smaller in size than usual, there was some little effusion between the pia mater and the arachnoid, and at the upper part of the spinal cord there was manifestly a blush. The patient had felt for a considerable time pain in the epigastrium, and I thought that might indicate some disease in the plexus there. We took it home with us; Mr. Tatum dissected it with the greatest care, but nothing could be discovered. Do not, however, suppose that I believe this to be a mere functional disease, because we see nothing after death. The minute organization of the brain and spinal marrow is not visible to the naked eye, and even with the microscope you can only trace it a little way. I doubt not that there was some defect in the minute organization of the body, some change of structure not perceptible to us. I cannot suppose that such a train of symptoms could occur from mere functional disease.—*Lond. & Edin. Monthly Journ. Med. Sci.*, April, 1844.

12. *Neuralgia cured by Inoculation of Salts of Morphia*.—Dr. JACQUES, of Antwerp, being called into a young girl who had a very obstinate supra-orbital neuralgia, had in vain employed antispasmodics, the sulphate of quinine, and the salts of morphia by the endermic method: he conceived the happy idea of introducing some sulphate of morphia by inoculation under the skin. For this purpose, having dissolved two or three centigrammes of the sulphate of morphia in a small quantity of water on a bit of glass, he took up this solution by means of a vaccinating lancet, and made about forty punctures over the seat of pain; a marked relief ensued. The operation was repeated for some days, and the patient, who had been for a long time ill, was completely cured. The same plan of treatment has been applied in the treatment of sciatica; the inoculations have been made the whole length of the sciatic nerve, and the patients, on whom all other kinds of treatment had produced no effect, have been completely cured. Each puncture is immediately followed by a white elevation of the skin, which disappears on the next day. Poultices are useful to subdue the irritation arising from the punctures.

This is a certain and speedy mode of administering energetic medicines; and it is probable that it may usefully be had recourse to in many other circumstances.—*Lond. and Ed. Month. Journ. Med. Sci.*, May 1844, from *Bouchardat's Annuaire de Therap.* for 1844.

13. *Scirrhus of the Pancreas*.—Dr. BATTERSBY read before the Surgical Society of Ireland, March 30, a remarkable case of scirrhus of the pancreas—a disease of rare occurrence.

The subject of the case was a woman between 55 and 60 years of age, who had been remarkable for her *embonpoint*, and had always enjoyed good health until two years previously, when she became subject to severe pains in the back, which affected also the shoulders and arms, and were supposed to be

rheumatic. After the lapse of a year, there was discovered in the epigastric region a deep-seated pulsating tumour, about the size and shape of an orange, having a regular diastolic enlargement synchronous with the pulse, and a well marked bruit de soufflet. Her disease was in consequence considered to be aneurism of the aorta. She also suffered from fluid eructations, and an obscure deep-seated pain. Dr. Battersby found her extremely emaciated. There was a marked fulness in the epigastric region, in which was to be felt a deep-seated, solid, and fixed induration, having a flattened surface and defined outline inferiorly. It was without pulsation, but a bruit de soufflet was audible on the application of the stethoscope over it in the course of the aorta. She suffered much from constipation, from symptoms of contraction of the colon, and from temporary dysphagia. There were occasional eructations of a clear watery fluid, and her mouth seemed always full of saliva. The tongue was pale and clean. Before death the limbs became highly anasarcaous, and there was some fluid in the abdomen. On examination after death, the colon and cardiac orifice of the stomach were found narrowed. The pancreas was universally hard and enlarged, and had lost every trace of its natural structure. Near the centre of this gland, and at its lower edge, existed a thin, translucent, horny cyst, which was slightly prominent, about the size of a walnut, and lay directly over the aorta. Its base was surrounded by a hard cartilaginous scirrhus formation, which, in part, projected into it. The rest of the gland was composed of a less solid, but unyielding heavy substance, apparently made of dense closely interwoven membranous bands. The lining membrane of the aorta was diseased, and in some points was eroded. The error committed of mistaking the tumour of the pancreas for aneurism of the aorta was due, no doubt, to the early development of the cyst, which, probably in the progress of the disease, had its fluid contents lessened by the encroachment of the scirrhus, while, the close union of the latter to the spine having removed the impulse of the aorta, towards the conclusion no other symptom remained but the bruit de soufflet which was not of itself likely to mislead. Ptyalism, as remarked by Dr. Battersby in this case, has not been observed, in connection with diseases of the pancreas, by any writer in our language, so far as he is aware, although it has been frequently noticed by our continental brethren. Dr. B. thinks that this symptom may serve as a guide towards the diagnosis of pancreatic diseases of which the other symptoms are in general very obscure and ambiguous, and in this he is confirmed by the facts of a case communicated recently to him by Mr. Robert Macdonnell, in which the cleanness and great moisture of the tongue and mouth attracted the attention of three German physicians in attendance on Dr. Graves' Clinique, who, from this circumstance, principally, were led to pronounce the patient to labour under scirrhus of the pancreas, and although the post-mortem examination showed that the disease was not confined to the pancreas, yet that gland was sufficiently engaged to confirm the accuracy of their opinion, founded on the extreme moisture and the pale and macerated appearance of the tongue.—*Dublin Med. Press*, April 17, 1844.

14. *Scirrhus Tumour in Spinal Marrow.* By M. BOUILLAUD.—A man, about 24 years of age, was admitted, on the 10th of June, into the hospital of La Charité. Since winter he had been complaining of flying rheumatic pains, which for the last two months had become more severe, had been confined to the neck and shoulders, and obliged him to keep his bed. On a careful examination, the spinous process of the lowest cervical vertebra was found projecting more than usual, and pressure on it was painful. There was no loss of movement or of sensation in any part of the body. Defecation and micturition were free, the appetite was good, tongue clean, pulse 92, and heat normal. He was bled, blistered, and put on low diet. On the 19th sleeplessness, with severe headache, came on; his pulse fell to 52, was irregular and intermittent. On the 22d his countenance had a semi-idiotic look, he heard with difficulty, had frontal headache and ringing in his ears. On the 25th, delirium and jactitation were observed; his face was pale, lips livid, respiration impeded, sighing, and